

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

35.C15080

First Named Inventor or Application Identifier

YOSHIHIRO ISHIBE

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☐ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.

3. ☒ Specification Total Pages

4. ☒ Drawing(s) (35 USC 113) Total Sheets

5. ☐ Oath or Declaration Total Pages

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed Statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (*Appendix*)

8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Other: _____

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation

☐ Divisional

☐ Continuation-in-part (CIP)

of prior application No. ____/____

Prior application information:

Examiner _____

Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

05514

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

NAME

Address

City

State

Zip Code

Country

Telephone

Fax



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Address					
City	State		Zip Code		
Country	Telephone		Fax		



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	116-20 =	96	X \$ 18.00 =	\$ 1728.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 80.00 =	\$ 0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$270.00 =	\$ 270.00
				BASIC FEE (37 CFR 1.16(a))	\$ 710.00
	Total of above Calculations =				\$ 2708.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$ 2708.00

19. Small entity status

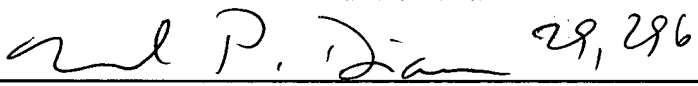
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 2708.00 to cover the filing fee is enclosed.

21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	LEONARD P. DIANA
SIGNATURE	
DATE	January 30, 2001



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- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	LEONARD P. DIANA
SIGNATURE	 29,296
DATE	January 30, 2001

PLUS UTILITY ASSESSMENT QUESTIONNAIRE

Application number _____, Work Group _____, has been processed through the BRS PLUS, (RELEASE 2) search system. A floppy disc containing the PLUS search results is attached to the application jacket. When you have used the PLUS-furnished materials, please take a few minutes to circle the answers to the questions below. By completing these questions you assist in assessing the value of this search tool.

- 1). Did PLUS provide you with art useful to this case? YES NO

If YES above, please indicate the ways in which PLUS-located art was/may be of use.
[Circle as many items as apply.]

PROBABLE 102[S]	PROBABLE 103[S]	SECONDARY REFERENCE[S]	STATE OF ART REFERENCE[S]
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- 2). Did PLUS locate the best available art for this case? YES NO

If NO above, was the best available art: [Circle as many items as apply]

1972 OR LATER U.S.	PRE-1972 U.S.	FOREIGN PATENTS	NON-PATENT PRIOR ART
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- 3). PLUS identifies U.S. classifications that may be relevant to an application's field of search.

Did you use this feature? YES NO

If YES above, did you find the classifications identified by PLUS to be generally relevant? YES NO

If YES above, did PLUS suggest any relevant classifications that were outside of your normal field of search for this art? YES NO

- 4). Taking into account all your uses of PLUS, please indicate the utility of the PLUS search to this case. [Circle one]

HIGH UTILITY	GOOD UTILITY	SOME UTILITY	LIMITED UTILITY	LITTLE/NO UTILITY
-----------------	-----------------	-----------------	--------------------	----------------------

- 5). How does PLUS compare, in terms of utility, to other "on-line" search systems with which you are familiar? [Circle one.] If you do not, as a rule, use such systems, circle DON'T KNOW.

MORE USEFUL AS USEFUL LESS USEFUL DON'T KNOW

WRITE ANY COMMENTS OR SUGGESTIONS REGARDING PLUS ON THE REVERSE OF THIS SHEET AND RETURN THIS FORM TO YOUR EIC.